PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No : SEIFARTH

In re Application of:

WOLFGANG SEIFARTH, CHRISTINE LEIB-MÖSCH)
& CORINNA BAUST

Appl. No.: 10/009,705

Filed: November 28, 2001

For: METHOD FOR THE SPECIFIC DETECTION
AND IDENTIFICATION OF RETROVIRAL
NUCLEIC ACIDS/RETROVIRUSES IN A
SPECIMEN

SPECIMEN

SPECIMEN

PAYMENT OF THE ISSUE FEE

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

SIR:

With regard to the above-entitled application, please find attached the completed Issue Fee Transmittal Form PTOL 85b.

Payment of the issue fee of \$700.00 is being transmitted by Credit Card.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No.: 06-0502.

Bv:

Respectfully submitted

Henry M. Feiereisen Agent For Applicant Reg. No. 31,084

Date: June 27, 2006 350 Fifth Avenue Suite 4714 New York, N.Y. 10118 (212) 244-5500 HMF: ub

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
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				June 27	2008	(Date)
APPLICATION NO. FILING DATE FIRST NAMED IN						
		FIRST NAMED INV		<u>'</u>	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/09/10 11/28/2001 Wolfgang Seifarth SEIFARTH 40/08 TITLE OF INVENTION: METHOD FOR SPECIFICALLY DETECTING AND IDENTIFYING RETROVIRAL NUCLEIC ACID/RETROVIRUSES IN AN ITEM TO BE EXAMINED						
APPLN, TYPE	SMALL ENTITY	ISSUE FI	E P	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$0	\$700	07/05/2006
EXAMINER		ART UN	т с	ASS-SUBCLASS		
WHISENANT, ETHAN C		1634		435-006000		
Change of correspon Address form PTO/SB/I "Fee Address" indics PTO/SB/47; Rev 03-02 Number is required.	the address or indication of "Fe dence address (or Change of a 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use	Correspondence tion form of a Customer	2. For printing on the patent front pege, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, or agents OR, alternatively and the names of up to 2 control attorney or agent) and the names of up to 2 registered patent attorneys or a gents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE FRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless vs assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled for recordation a set flowth in 37 CFR 3.11. Completion of this form in NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Heidelberg, Germany Heidelberg, Germany						
Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🚨 Corporation or other private group entity 🖵 Government						
4a. The following fro(s) are enclosed: 3d Issue Fee						
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the rec-	is requested to apply the Issu- ublication Yee (if required) words of the United States Pare	e Fee and Publicati N bot be accepted by and Trademark (on Fee (if any) or to from anyone other ti Office.		y paid issue fee to the applica istered attorney or agent, or th	ation identified above. ne assignee or other party in
Authorized Signature J Date 6-27 - 2006						
Typed or printed name AUCHRY M. YEIEREISEN Registration No. 31,084						
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